



ADULT DRUG TREATMENT COURT ADDRESS CHANGE FORM

Today's Date: _____

Client Name: _____

Treatment Agency (circle): **CCS** / **EMI**

Please write down the address where you live:

New Address: _____

City: _____

State: _____

Zip: _____

Home Telephone: _____

Cell Phone: _____

Message Phone: _____

Email Address: _____

Date of move to new
Address: _____

Reason for Move: _____

Signature: _____

If the above address is different from your mailing address please write down your mailing address:

New Address: _____

City: _____

State: _____

Zip: _____

PLEASE RETURN THIS FORM DIRECTLY TO
THE DRUG COURT COORDINATORS:

Karla Benjamin Tel #: 425-388-3546 Fax #: (425) 388-3597

Laura Whitaker Tel#: 425-388-3093 Fax #: (425) 388-3597